Mental Health Services Act
Workforce Education and Training

Regional Partnerships
Special Topic Workgroup

June 22, 2006

1. Present.

a. De Anna Avey-Motikeit, San Bernardino County Mental Health
b. Dorbea Carey, California State University at Stanislaus School of Social Work
c. Chad Costello, Mental Health Association Los Angeles (MHA LA)
d. Carla Cross, Ventura County Behavioral Health
e. Michele Curran, California Network for Mental Health Clients (CNMHC)
f. Wendy Desormeaux, Department of Mental Health
g. Casey Dorman, Orange County Mental Health
h. Carole Ford, California Network of Mental Health Clients (CNMHC)
i. Pam Hawkins, United Advocates for Children of California (UACC)
j. Brian Keefer, California Mental health Planning Council (CMHPC)
k. Don Kingdon, California Mental Health Directors Association (CMHDA)
l. Olivia Leowy, American Association of Marriage and Family Therapists
m. Robert McCarron, University of California at Davis School of Psychiatry
n. Rachel Michaelson, Asian Pacific Psychological Services
o. Carol Patterson, California Association of Social Rehabilitation Agencies (CASRA)
p. John Schadle, Building Employment Services Team Technician (BEST Tech) Alliance for Community Care of Santa Clara
q. Vicki Smith, California Institute for Mental Health (CIMH)
r. Shelley Spear, United Advocates for Children of California (UACC)
s. Chris Stoner-Mertz, Lincoln Children's Center
t. Toni Tullys, Bay Area Workforce Collaborative

Facilitator: Warren Hayes, Department of Mental Health

2. Power Point Presentation. (See Attached)

a. The group reviewed a power point presentation that outlined the reason for the workgroup topic, the MHSA Workforce Education and Training context for this topic, operating principles for developing recommendations and options, the process for review and consideration of workgroup products, and short- versus long-term considerations. The California Mental Health Planning Council's recommendations, as well as a broad summary of stakeholder input to date were outlined.

b. The group endorsed the need to replicate throughout California the Bay Area Workforce Collaborative as a regional partnership, and to significantly expand its functions and infrastructure. A Regional Partnership should be established in at least each of the current CMHDA regions, with additional Regional Partnerships established, as appropriate.

c. A Regional Partnership is a geographically proximate forum that acts as an employment and educational resource for mental health providers, education and training entities, consumers and family members, and any community partners participating in public mental health.

d. This new entity would act as both an opportunity to employ consumers and family members, as well as increase their participation in all levels of public mental health.

3. Functions.

The group agreed that the functions of each Regional Partnership should be decided by those individuals and organizations who participate. Each Regional Partnership will have an overarching function to develop strategies to leverage and sustain funding, such as through grants and foundations, and to identify and coordinate education and training resources in the region.

Functions can be:

- An exchange of job and internship opportunities in public mental health
- A convener of education, training and technical assistance opportunities, emphasizing pipeline strategies and curriculum development.
- A hub to promote dissemination at a distance of information, learning, regional decision-making, internship supervision, and distance care
- Collaboration with existing allied support systems to public mental health
- Determining recipients of stipends, scholarships and loan forgiveness programs based on local diversity, language proficiency and workforce needs
- A forum for the convening of policy inclusion that cuts across counties
- Sharing promising and innovative practices
- A hub to provide employment supports to consumers and family members who are working in public mental health that is beyond the scope of good supervision, reasonable accommodation, and employee assistance programs; i.e., benefits planning.
- Regional addressing of public education and stigma reduction
- Curriculum and training development to promote recovery and cultural competency
- Developing a regional expert pool of consumers and family members as speakers, trainers and leaders in public mental health

- A hub to identify, develop and implement the use of consumers and family members as evaluators, such as the Outcome Tracking Project as piloted in the DMH/DOR mental health cooperative programs
- Identify and coordinate funding opportunities, such as through grants and foundations, and develop strategies to leverage and sustain funding

4. Structure.

Any combination of the above functions requires a geographically proximate agency to be funded on an ongoing basis to field a Regional Training Center containing the following budget items:

- Director
- Training and Employment Coordinator
- Administrative Assistant
- Budget for consumer and family member expert pool to be paid on an hourly basis
- Ability to add on temporary project staff, such as grant writers
- Staff as ongoing employment supports for consumers and family members, such as benefit planners
- Office space
- Large and small meeting space
- Information technology for distance learning, video teleconferencing
- Travel
- Printing and materials
- Administrative overhead

5. Funding.

The group agreed that the funding of these Regional Training Centers should be a combination of MHSA funding at the state level to provide leadership and statewide coordination for the implementation and sustaining of regional partnerships, as well as at the county level to enable regional tailoring of functions that are expressly needed by counties in the region at the scope and breadth desired. Existing regional structures should be solicited for partnership to maximize community participation, as well as avoid duplication of cost and effort.

6. Implementation.

The implementation process should be started as soon as possible to provide support to the counties in their efforts to stand up the workforce for their Community Services and Supports Plans.

A statewide training entity, such as CIMH, in partnership with DMH and CMHDA is recommended to assist in the start-up of Regional Partnerships by facilitating

five regional kick-off events. These kick-off events would be educational and marketing forums to assist participants in implementing processes to tailor functions and structure and awarding of host agency contracts.

This could be followed by a statewide forum where newly forming Regional Partnerships could learn from each other, and develop work plans with milestones.

7. Next Steps.

The group felt that it had sufficiently articulated the rationale, functions, structure, funding and implementation to enable input in the general stakeholder process, and subsequent inclusion in the education and training plan. Workgroup members would be available to assist in the subsequent shaping of this element.